NORTH CAROLINA
LOCAL SHELTERING ANNEX

North Carolina Emergency Management
4236 Mail Service Center
Raleigh, NC 27607-337

RECORD OF CHANGES

Change Type	Number	Date Posted	Authorized By
N/A	1	February 2024	David Leonard

Change – After annual annex review, a change constitutes the least invasive of the three plan management processes and is conducted annually. A change includes but is not limited to variations in phone numbers, office symbols, locations, etc. A change, despite the level of magnitude, requires a record of changes sheet within the annex to be completed.

Update – After annual annex review, if less than 25% of the content within the annex requires a change, an update is constituted. An update could be minor organizational, procedural, and/or situational changes. An update, despite the level of magnitude, requires a record of changes sheet within the plan to be completed.

Revision – After annual annex review, if greater than 25% of the content within the annex requires a change, a revision occurs. A revision constitutes the most invasive level of change to organization, procedure, situation, overall format, and governing policy.

CONTENTS

I. INTRODUCTION

A. PURPOSE

The purpose of the North Carolina Local Sheltering Annex is to serve as a guide to implement a local mass care strategy that aligns with regional and State plans. This annex is intended to increase sheltering capabilities, improve information sharing, identify the process to support local and state shelter operations, and allocate shelter resources during times of disaster.

B. SCOPE

Shelter operations in North Carolina are a local function and are driven by local needs. Municipalities and counties have the primary responsibility for all mass care operations before, during, and after events. However, multi-jurisdictional, large-scale, or extended-duration events may require support from the State. The North Carolina Local Sheltering Annex is scalable, flexible, designed to integrate with local and regional shelter plans, and able to be implemented regardless of geography, resources, and capabilities. This annex does not supersede existing local or regional shelter plans but is instead designed to supplement them and provide guidance. This annex builds upon established shelter capabilities at the local and regional levels and applies to state agencies and other partners with a role in sheltering. It will be used by North Carolina agencies and other sheltering partners to coordinate shelter operations with North Carolina Emergency Management (NCEM), North Carolina Department of Health and Human Services Division of Social Services (NC DHHS-DSS), and local emergency management agencies.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

Activation of this annex is most likely to occur during or after a significant or man-made disaster. In these incidents, various situations could arise requiring the need for sheltering of the population.

B. ASSUMPTIONS

Planning assumptions represent information presumed to be true and necessary to facilitate shelter planning. This annex is based on the following assumptions:

1. A significant natural or man-made disaster will cause damages to critical infrastructure, the condemning of residential buildings, and secondary effects which may rapidly overwhelm the capacity and capability of local resources. Disaster survivors will be forced from their homes and will make mass sheltering operations a necessity.

2. Coordination for shelter support operations will be accomplished through the State Emergency Response Team (SERT) in the State EOC. Local officials and mass care agencies will relay mass care reports to the State EOC via WebEOC and County situation reports.

3. Local officials will have plans in place to support the basic food, water, and shelter needs of their communities for at least 72 hours.

4. Shelters may be run by county, state, non-profit, or independent organizations.

5. Independent organizations may operate outside the guidelines and awareness of the state and its SERT partners.

6. Shelters may need to be set up quickly with little or no advance notice.

7. All shelters will have trained staff and volunteers to manage and operate shelter operations.

8. When evacuation is recommended or ordered by local government officials, the majority of those in the impact area will comply; some of these evacuees will require public shelter.

9. Most people who will require sheltering will not arrive at the shelter with a 72-hour supply of essential life-sustaining items.

10. No persons seeking shelter will be denied services. If a shelter is unable to provide accommodation, a referral will be made and the shelter manager will assist in identifying alternatives.

11. Some individuals seeking shelter will have medical, access, and functional needs. Some counties and municipalities have planned for the provision of access and functional needs support services. Those that have not may require assistance from the State.

12. Damage to primary transportation routes may create difficulties in transporting shelter supplies and staff. Resources may not reach damaged areas until several days after the incident. Pre-incident staging of resources may be required.

13. People may arrive at a shelter with their household pets and/or service animals, and these animals will need sheltering and appropriate care.

14. Although local jurisdictions are responsible for sheltering individuals during localized events, the State may be requested to assist during larger disasters. This applies to disasters affecting vast geographical areas or that require a large number of shelters.

15. When State resources are depleted, assistance may be sought from other states and the federal government.

16. The resources and staffing requirements outlined in this annex are the ideal standard and may not be realistic or feasible for all events.

III. TRIGGERS AND TIMELINES

Sheltering remains a local function, and this will drive how and when shelters will open and operate. Shelters will be opened at the local level with the expectation that Jurisdiction's will provide as much shelter space and support as possible for their residents and visitors. Should a Jurisdiction recognize a gap in its ability to shelter their residents and visitors, Counties/ Tribes may request State assistance with sheltering and/or the activation of the State Coordinated - County Hosted (SCCHS) process. If the needs of requesting Counties exceed what is available among Host Counties, the State may open State-Operated Shelters.

For forecasted events, such as tropical events, shelters should be opened based on anticipated needs and far enough in advance to safely shelter evacuees prior to the onset of the disaster. For no-notice events, shelters should be opened as soon as practicable following the notification or occurrence of a disaster. If SCCHS process is activated, requesting and Host Counties will coordinate opening shelters and the movement of their evacuating populations to allow enough time for the safe evacuation of residents from at-risk areas.

IV. CONCEPT OF OPERATIONS

A. AGENCY RESPONSIBILITIES

Mass Care as a function of local government may be supported by many varying agencies depending upon the Jurisdiction's Mass Care/Sheltering Plan to include; Emergency Management, Social Services, Health Departments, Public Instruction, Public Works, and General Administration. The below responsibilities are indicative of the Emergency Management coordination function and may be shared with other local partners rather than those specifically listed.

1. JURISDICTION'S MASS CARE PARTNERS

a. Identify and coordinate relevant local entities for support and management of mass care function and activate the sheltering process.

b. Assess available host shelter capacity, through local MOU's and internal sheltering documentation.

c. Operate and manage local emergency shelters for evacuating public and pets.

d. Coordinate supplemental staffing to include Incident Management Teams (IMT) for shelter management and operation if requested.

e. Activate emergency contracts or vendor agreement for shelter resource requirements and provisions (such as cots, blankets, hygiene supplies, food services, back-up generators, communications equipment, medical equipment) at the time of shelter activation notification or pre-position as applicable.

f. Facilitate pre- and post-occupancy facility walk-throughs of all buildings designated for sheltering and/or sheltering support to ensure a physical assessment for the recording of any damages in agreement with the facility. This can be done in-person or virtually depending on the situation.

g. Establishing policies and procedures for financial accounting of all disaster costs incurred and appropriate methods for reporting and requesting immediate need purchasing, or disbursement from or claiming reimbursement from state/federal public assistance programs.

h. Facilitating the timely distribution of reimbursements received under the state/federal public assistance programs to the hosting jurisdictions.

i. Track and report status of all assigned resources.

j. To the extent possible, in advance of an incident, ensure that agency identified shelter management and support personnel complete required American Red Cross shelter training (Sheltering Fundamentals), Incident Command System courses (100, 200, 700), and Food Safety courses as required by the position.

k. For the evacuating jurisdictions, support the multi-agency shelter transition team.

2. AMERICAN RED CROSS (if applicable)

a. American Red Cross support for county hosted shelters will align with the county Letter of Intent (LOI) as the baseline. If a county wants to support host sheltering but does not have a baseline shelter staffing commitment from the American Red Cross, American Red Cross support can be requested but is not guaranteed.

b. Ensure that organization identified shelter personnel complete required American Red Cross shelter training and Incident Command System courses.

c. Provide situational awareness information of shelter operations through provision of situation/status reports/updates to local EOC and NCEM.

d. Track and report status of all assigned resources.

e. Goods and services provided by the American Red Cross are determined by the LOI between the hosting jurisdiction and the American Red Cross.

3. THE HOST FACILITY

a. Provide the identified buildings as agreed upon in the Facility Use Agreement which is made and maintained by the hosting jurisdiction.

b. Provide a facility point of contact for the local EOC.

c. Coordinate with the Jurisdiction’s Public Information Officer (PIO) and Joint Information Center (JIC) at the Local EOC for public messaging about sheltering.

4. THE JURISDICTION

a. Provide a shelter site that meets the American Red Cross shelter requirements and is inspected either in-person or virtually by local emergency management and the American Red Cross.

b. Coordinate local resources for use in shelter operations.

c. Provide local law enforcement for shelter security and traffic control.

d. Report shelter status updates in WebEOC.

e. Provide 24/7 maintenance for the duration of the incident.

f. Provide custodial/janitorial services for the duration of the incident.

5. THE SUPPORTING JURISDICTION(S)

a. Provide resources for use in shelter operations.

B. SHELTER TYPES

The specifications listed below are the ideal standard and may not be possible or practical in every event:

	Emergency Evacuation Shelter	**Short Term Shelter**	**Long Term Shelter**
Description	An accessible facility that provides immediate refuge during rapid evacuations, typically for short durations not to exceed 72 hours.	An accessible facility that provides life-sustaining services for populations displaced by disasters for durations typically not to exceed 2 weeks.	An accessible facility that provides life-sustaining services for populations displaced by disasters for durations typically longer than 2-weeks.
Space Considerations	20 sq. ft. per person in dormitory area*	40 sq. ft. per person in dormitory area*	60-80 sq. ft. per person in dormitory area*
Sanitation Conditions	• 1 toilet per 40 persons. • 1 shower per 72 persons. • 1 hand wash sink per 20 persons. • 5lbs of dry waste disposal capability per person. • Laundry capabilities meet demands of 33% of population. • 1.5 Gallons of sewage disposal capability per person per day.	• 1 toilet per 20 persons. • 1 shower per 48 persons. • 1 hand wash sink per 20 persons. • 5lbs of dry waste disposal capability per person. • Laundry capabilities meet demands of 33% of population. • 1.5 Gallons of sewage disposal capability per person per day.	• 1 toilet per 20 persons. • 1 shower per 25 persons. • 1 hand wash sink per 20 persons. • 5lbs of dry waste disposal capability per person. • Laundry capabilities meet demands of 33% of population. • 1.5 Gallons of sewage disposal capability per person per day.
Cots, Blankets, etc.	• Cots not recommended for	• Cots—1 per person	• Cots—1 per person

	evacuation shelters**	• Blankets—2 per person • Pillows—None • Towels—2 towels and 2 wash cloths per person/per week • Comfort Kits—2 per person/per week	• Blankets—2 per person • Pillows—1 per person • Towels—2 towels and 2 wash cloths per person/per week • Comfort Kits—2 per person/per week
Feeding and Logistics Support	Sufficient food supply and logistics support to provide snacks, hydration, and sanitation for the shelter population.	Sufficient supply and area to feed population using two shifts (seating) per meal, serving two meals plus snacks/hydration to each person per day.	Sufficient supply and area to feed population using two shifts (seating) per meal, serving two meals plus snacks/hydration to each person per day.

* Individuals with access and functional needs, including those who require wheelchairs, lift equipment, service animals, and/or personal assistance services can require up to 100 square feet. This applies in all shelter types but may not be feasible in all situations.
** While cots are not recommended in evacuation shelters, individuals with access and functional needs may require a cot in some situations.

C. FACILITIES

Counties and supporting agencies will identify their own shelter facilities. Facilities should meet or exceed the standards identified in the American Red Cross document “RC View NSS: Shelter Building Short Survey” whenever possible. The guidelines listed above in the “Shelter Types” table are recommendations and not requirements. Additional facility criteria may also be necessary for hurricane evacuation shelters, which can be found in “Hurricane Evacuation Shelter Selection Standards.” Every effort should be made to identify sites, sign Facility Use Agreements, and develop site specific plans in advance of potential events.

Shelter organizations should communicate with County emergency management before establishing a shelter to ensure proper coordination and to avoid duplication of services. NCEM should coordinate with County emergency management if it intends to open a state-operated shelter in that County or tribal land. Prior to site selection, shelter organizations should

verify with the local emergency management office and NCEM that neither intends to use the facility for a local or state shelter.

While operating a shelter, it is also recommended that local health departments perform a shelter assessment. They may also perform routine inspections while the shelter remains open and will report deficiencies to the emergency management agency.

In order to maximize the utilization of resources, it is generally more effective to operate a few large shelters rather than numerous smaller shelters. Larger facilities where services such as pet sheltering can be co-located should be utilized whenever possible and practical.

D. SHELTER MANAGEMENT AND OPERATIONS STAFF

Shelters may operate with varying staff levels. The minimum and ideal numbers are listed in the North Carolina Sheltering Guide and are recommendations for initial staffing; however, local plans and the nature of the emergency may dictate the number of available staff, and these numbers should be adjusted accordingly.

E. TRAINING

The State of North Carolina recognizes American Red Cross shelter guidance and trainings as the benchmark for shelter operations and recommends that this doctrine be used by all organizations for shelter operations whenever possible. This will allow for continuity of services and support among all sheltering entities.

F. REQUESTING ADDITIONAL RESOURCES

Counties may request additional resources through WebEOC. The Human Services Branch, Area Coordinators, and NCEM Logistics will coordinate to approve and acquire resources as necessary.

G. SHELTER FEEDING

Each county is responsible for having feeding plans in place for local emergency shelters. These plans should be sustainable for at least 96 hours and may be made in cooperation with local mass care partners. Shelter feeding plans should consider the following considerations:

1. Shelter feeding plans do not require three (3) meals per day. Two (2) meals per day is acceptable in most emergency situations. When three (3) meals

per day are served, standard meal plans include cold breakfast, hot or cold lunch, and hot dinner.

2. Snacks and beverages should be available at shelters as soon as practicable and safe. A meal should be served within 4 hours of opening or within the next traditional mealtime. A hot meal should be provided within 24 hours of opening.

3. Local vendors may be affected by disruptions to the supply chain, power outages, and the ability of food prep workers to arrive on-site safely.

4. Public Health codes require all cooked meals served in a shelter to be prepared in an inspected commercial kitchen. Therefore, food prepared by unverified sources such as church members, private organizations, or individual citizens cannot be provided to shelter clients.

5. When practicable, meals should conform to the cultural, ethnic, religious, and dietary needs of the population being served, including infants and children, within 24 hours.

   For additional feeding considerations and guidance, refer to NCEM's "Mass Feeding Plan".

H. SHELTER SUPPORT SERVICES

All shelters in North Carolina will have an open, accessible environment where all members of the community are accepted regardless of race, color, national origin, religion, gender, gender identity, age, disability, sexual orientation, citizenship, or veteran status. Individuals should not be separated from service animals, medical equipment and supplies, care providers, interpreters, or family, including unrelated household members. Exceptions may be made because of space restrictions or for those with medical needs requiring privacy and/or segregation for health and safety reasons, but in those cases, families should be housed nearby.

1. MEDICAL SCREENING

During the intake process all evacuees should be screened for unmet medical needs, symptoms of an infectious disease, and the need for minor, or acute medical care. If medical needs are discovered during the intake process, individuals should be directed to health services staff for triage. General population shelters are not capable of providing acute medical care that requires treatment in a medical facility. Health services staff will determine whether the individual should be referred to an State Medical Support Shelter (SMSS) or an appropriate medical facility and should refer

to local plans to coordinate appropriate transportation. Health services staff should refer to the SMSS Placement Guidance in the “NC Office of EMS Emergency Operations Plan, Annex G” for guidance on the appropriate shelter placement for an individual.

2. HEALTH SERVICES

Health services staff can be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a patient’s medications, managing durable medical equipment, and managing consumable medical supplies. They may also be tasked with administrative duties including but not limited to staff scheduling, resource allocation and documentation management. Health services staff are not intended to be caregivers for clients with significant medical needs.

Health services staff should be certified as EMT or above. Local resources for Health services staff may come from local EMS, hospitals, medical care or nursing home facilities, and/or appropriately certified volunteers. Telehealth or telemedicine resources may also be used.

There are three types of medical staffing models that may be used in a shelter:

a. Nurse-Led Model – Upon entrance into a general population shelter, the initial and ongoing assessment must be carried out by a Registered Nurse (RN) to determine if the individual is medically appropriate for the shelter. The Nurse Practice Act 2 allows all nurses to practice at their highest level of education and training. Standing orders are not required for any nursing care or support which nurses are expected to provide in a general population shelter (Education, Surveillance, Referral, Maintaining Independence, Operations Management). Additional responsibilities within the nursing scope of practice may require written standing orders. The lead RN can delegate specific patient care tasks to other nursing providers but must maintain ongoing supervision and evaluation of the care being provided. In a shelter environment, nurses can be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a patient’s medications, managing durable medical equipment, and consumable medical supplies. Nurses may also be tasked with administrative duties including but not limited to staff scheduling, resource allocation, and documentation management. In the case of a medical emergency or a change in a patient’s condition, the nurse shall render the care allowed under their scope of practice and activate the 911 system. The arriving EMS crew will take over patient care and transport to the hospital.

b. EMS Provider-Led Model – The initial and ongoing assessment upon entrance into a general population shelter must be carried out by a credentialed EMS Provider to determine if the individual is medically appropriate for the shelter. According to 10A NCAC 13P .0506, EMS Providers are allowed to perform up to their full scope of practice, under the direction from a physician who has the ultimate clinical responsibility and has oversight of the EMS providers in the shelter. This physician could be the county EMS or Public Health medical director. In a shelter environment, EMS providers can be expected to provide medical triage, physical health assessments, assistance with activities of daily living, assistance with administering a patient's medications, managing durable medical equipment, consumable medical supplies and other responsibilities as outlined in existing scope of practice documents. EMS workers may also be tasked with administrative duties including but not limited to staff scheduling, resource allocation and documentation management. It is understood that while working in a shelter, the EMS staff working in a shelter should not be responsible for the transport of a patient to a higher level of care in the case of an emergency. This could cause an undue burden on the staff at the shelter. The EMS providers are permitted to render care within their scope of practice under the medical direction for the shelter. Arrangements should be made for patient transport by utilizing the 911 system. The arriving EMS crew will take over patient care and transport to the hospital.

c. Hybrid Staffing Model – In many instances, it will be necessary to have some combination of both models to include nursing staff and EMS providers working together within the shelter. The roles and responsibilities of those working in the shelters will be the same as listed above and standing orders (if required) should be in place for the nursing staff and medical direction oversight provided for EMS providers. A clearly defined chain of command is necessary to ensure continuity of operations. It will be important to delegate each specific task to a provider and make sure all roles are covered. The licensed nurse may delegate nursing care tasks to Credentialed EMS Providers working in the shelter provided the delegated duties and tasks are part of the Credentialed EMS Provider's scope of practice and level of credential, and the Credentialed EMS Provider has RN-validated competencies to carry out the delegated tasks. In any instance where there is a question or disagreement regarding clinical care, the medical director of the shelter shall be responsible for the ultimate determination of the issue. Each credential type shall be allowed to provide care based on the standing orders and medical direction up to their full scope of practice. This model provides the most flexibility for ensuring proper medical staffing may be available during shelter operations in a disaster.

If local resources are overwhelmed or unable to meet the staffing requirements of local shelters, counties may request medical support staff through the NCEM Emergency Services Branch via WebEOC.

3. PUBLIC HEALTH NURSES

Public Health Nurses can provide services including health promotion activities, providing disease education, collecting health histories, conducting nursing assessments, conducting surveillance, and (when appropriate) collaborating with partners for referrals to medical facilities based on presenting acuity of care.

Staff may be assigned to the following areas as available and qualified: Basic Medical Care, Disease Surveillance, Isolation Care Area, and Screening.

Nurse consultants from the Division of Public Health will implement the DPH Disaster Support model and provide support to, and liaise with, PHPNR and local Health Department Nurse Leaders and shelter nurses.

4. STATE MEDICAL SUPPORT SHELTERS

Medical Support Shelters provide a defined level of medical care or support that exceeds the capability of a General-population shelter. These shelters are coordinated by ESF 8, State Emergency Health and Medical Services. Refer to the “NC Office of EMS Emergency Operations Plan, Annex G” for additional guidance.

5. MEDICATIONS AND MEDICAL DEVICES

Evacuees for whom medications and supplies have been prescribed are expected to bring those pharmaceuticals, supplies, and devices necessary for health maintenance with them to the shelter. These items will remain under the ownership and cognizance of the individual(s) to whom they belong. A fridge may be necessary on-site to store medications and access will be coordinated by health services personnel. If necessary, replacement of prescription medications or medical devices, assistance in administering medications, or assistance operating medical equipment may be requested through on-site health services staff and coordinated with local resources.

Evacuees presenting with unmet medical needs should be assessed by appropriate response personnel and needs will be requested and referred as appropriate per local plans.

6. MENTAL HEALTH SERVICES

Mental health services staff provide emotional support for shelter clients and staff for pre-existing conditions or disaster related trauma. They may also triage clients and make recommendations for additional care.

Shelter residents should be provided the opportunity to disclose any mental health needs during registration, but individuals may choose not to disclose. If an individual discloses a mental health condition, but does not have the required medication or support, they should be referred to health or mental health services for triage and assessment, and referred to appropriate care as needed. If an individual requires acute mental health care, transportation to an appropriate facility will be coordinated by health or mental health services staff in accordance with local plans.

Every effort shall be made to ensure evacuees with mental health conditions are sheltered in an atmosphere conducive to their needs. To that end, where possible, shelter surveys and mapping should include the identification of quiet rooms.

Shelter mental health staff must be licensed mental health professionals. Local resources for mental health staff may include social workers, psychologists, professional counselors, marriage and family therapists, psychiatrists, school counselors, school psychologists, or psychiatric nurses. If local resources are overwhelmed or unable to meet the staffing requirements of local shelters, counties may request mental health support staff via WebEOC. DMHDDSUS and the Red Cross (in Red Cross Shelters) are responsible for coordinating additional mental health services in shelters upon request.

7. LANGUAGE INTERPRETERS

Non-English-speaking individuals can be expected to seek shelter during a disaster. Information related to shelter locations, operations, and other important information should be communicated in American Sign Language and spoken languages appropriate to the local population. For additional information, including how to request shelter interpreters, please see “Procuring and Requesting Shelter Interpreters” standard operating guide.

I. ACCESS AND FUNCTIONAL NEEDS

During a disaster, individuals with access and functional needs may seek assistance at general population shelters. Most individuals can be

accommodated with appropriate support. All shelters will maintain an accessible environment, with or without modifications, in accordance with ADA guidelines. This includes, but is not limited to, considerations for physical accessibility, communication, maintaining health and independence, and transportation needs.

Any shelter may request a Functional Assessment Support Team (FAST) from the State via WebEOC. FAST conducts assessments and determine what support is needed to maintain an individual's independence in a shelter. FAST does not provide direct assistance to individuals, but rather makes recommendations to the shelter manager. FAST may be designated to support one shelter site or may rotate through multiple sites.

The ADA Checklist for Emergency Shelters can be used to help identify ADA compliant facilities and can be utilized to identify accessibility concerns. If an issue or concern is identified, the county should attempt to address is at the lowest level first, and may request additional assistance with shelter modifications or resources through WebEOC. Additionally, the Access and Functional Needs Toolkit can be used to assess and address the needs of shelter residents with access and functional needs.

1. SERVICE ANIMALS AND ASSISTANCE ANIMALS

Per the ADA and state law, a service animal is a dog or miniature horse that is specifically trained to do work or perform tasks for the benefit of a person with a disability. This includes service animals in training.

An assistance animal is not a service animal; there is no restriction on the type of animal that can be considered an assistance animal. Service animals, per ADA, are not pets and will be permitted to accompany their owners anywhere the public is allowed within the shelter. Only service animals, not assistance animals, will be allowed in the general population areas of the shelter.

If a person's disability is not obvious, shelter workers may ask the handler of a service animal two questions in accordance with 28 CFR 35.136(f):

a. Is this a service animal required because of a disability?

b. What has it been trained to do?

If a person's disability is not obvious, shelter workers may ask the handler of an assistance animal for documentation that states the person has a disability and that the animal provides support for that disability.

J. SUPPORT FOR CHILDREN IN SHELTERS

Often, evacuation shelters will not be able to provide significant support for children in shelters, however short- and long-term shelter planning should include considerations for children in shelter operations. Safe sleeping equipment should be made available for a variety of ages and other equipment may need to be adapted or requested to fit the needs of children in a shelter environment (especially for feeding). Additional equipment may be available by request through local and state VOAD organizations.

When selecting a shelter facility, it is important to consider where changing/diapering areas are located and whether additional equipment will be needed. It may also be necessary to establish a separate area for pumping/nursing, and a quiet area for children to rest or sleep during the day.

To assist parents/guardians as they navigate the recovery process, shelter managers may establish safe child play areas within the shelters. Shelter managers may request assistance from North Carolinas or other national VOAD organizations whose mission is to provide childcare and safe child play spaces in shelters and recovery centers. Parents utilizing childcare services should not leave the shelter unless authorized by the childcare provider.

Organizations that provide childcare in shelters should be specially trained to respond to traumatized children, have background checks completed for all personnel, and have a strong identification process for the release of children left in their care.

K. REPORTING REQUIREMENTS

The Statewide Shelter database is available through NC SPARTA (WebEOC). The database identifies which shelters are open and the number of persons that are in each shelter. SERT Human Services staff at the SEOC is responsible for monitoring the Shelter Board in NC Sparta but each county is responsible for marking shelters as open, on standby, or closed, and entering shelter data for their respective counties.

The American Red Cross maintains their own shelter data for Red Cross managed shelters. The Red Cross gathers midnight counts for shelters and will share this information with the Human Services Coordinator daily in accordance with the reporting schedule set.

DSS will also gather shelter data and provide it to the Humans Services coordinator in accordance with the established reporting schedule. DSS and Red Cross data may overlap or conflict; the Human Services Coordinator will confirm shelter data and disseminate to stakeholders as appropriate.

Shelter reports will include the shelter name, shelter address, and what the midnight count for each shelter is along with an overall shelter count.

L. PET SHELTERING

Pet sheltering, like human sheltering, remains a local response activity. Public messaging should stress that evacuees are expected to bring cages, food, bowls, medications, vaccination records, leashes, collars, and identification tags for their pets. Adult owners are responsible for the care of their own pets, to include walking, feeding, and cleaning up after their pets.

Pets may be co-located in the same facility but should be kept in a separate area with its own HVAC system. They may also be held on the same property in mobile shelters or at other locations in close proximity to shelters when this capability exists, such as at a county veterinary or animal services facility.

The North Carolina Department of Agriculture and Consumer Services can assist counties with coordinating resources support to shelter residents with pets.

1. CAMET/CAST

Companion Animal Mobile Equipment Trailers (CAMET) contain animal crates and supplies in a 16-foot trailer. Companion Animal Shelter Trailers (CAST) are self-contained, climate controlled, 18- or 24-foot trailers used to shelter pets and are ideal when an onsite facility is unavailable.

These trailers are county assets. Requests for CAMET/CASTs can be made via WebEOC and should be coordinated as county-to-county mutual aid with the assistance of the Regional Coordination Centers.

M. SAFETY AND SECURITY

1. SECURITY

Security will be assigned to any open shelter at all times and may take all reasonable actions to ensure the safety of individuals residing and working in a shelter. Security might work inside and/or outside the shelter. Every adult shelter resident and all shelter staff should be provided with the shelter rules and will be expected to comply. Parents and adults within households are responsible for ensuring the compliance of their children and other minors in their households. Any person who violates shelter rules is subject to immediate removal from the shelter. The shelter manager, in conjunction

with law enforcement and/or security, has the authority to remove a subject from a shelter.

Staffing for security roles may be filled by local law enforcement agencies, through contracted services, or by other local private or non-governmental organizations at the discretion of the county and sheltering organization.

2. ACCESS CONTROL

All entry and exit points should be staffed to ensure accountability. Access point control will direct shelter residents and visitors to the registration desk to check-in/check-out, ensuring accountability of all shelter occupants for safety purposes. Where necessary to support the overall safety of the shelter, Access Points may need to be staffed by sworn law enforcement.

3. VISITORS

Visitors may include client guests, social workers, maintenance workers, media, etc. All visitors and guests will be expected to check in with shelter staff to sign in/out and may require an escort.

Media may be allowed supervised access to the shelter. Media inquiries should be coordinated by the Public Information Officer and the Shelter Manager. The privacy of shelter clients should be prioritized at all times.

4. ELECTRONIC DEVICES

Shelter residents and staff have a reasonable right to privacy while residing in a shelter. The use of cell phones, tablets, laptops, and personal gaming systems are permitted in the shelter; however, when using devices, residents and staff will be asked to alert others before taking pictures and/or video to protect the privacy of other residents. Content that includes other individuals should not be posted without those individuals' consent.

5. WEAPONS

Weapons are prohibited in shelters within the bounds of local, state, and federal law. Shelters should not store or supervise weapons brought to the shelter by evacuees.

6. ALCOHOL, TOBACCO, AND ILLEGAL DRUGS

No alcoholic beverages or illegal drugs will be allowed in any NC shelter.

Smoking and vaping will not be permitted inside NC shelters and should only be permitted in areas that the host facility designates.

7. SPECIAL CONSIDERATIONS

During the registration process, some clients may indicate that they need to register with the government. These clients should be referred to the shelter manager to determine the appropriate action in accordance with local plans and guidance from the American Red Cross.

N. WRAP-AROUND SERVICES

Additional services, such as laundry and power stations, are often necessary in short- or long-term sheltering and should be considered during shelter planning. Many services are provided by private and non-profit organizations. Additional assistance for procuring wrap-around services can also be requested via WebEOC when necessary.

O. NON-TRADITIONAL SHELTERING

1. NON-CONGREGATE SHELTERING

Non-congregate sheltering is an alternative option for incidents where conventional congregate sheltering methods are unavailable, overwhelmed, or inappropriate due to public health concerns. Typically, the facilities that are used provide a higher level of privacy than congregate shelters. These facilities may be hotels, dormitories, cruise ships, campgrounds, campsites or other facilities with private sleeping spaces but may have shared bathroom and cooking facilities.

2. INDEPENDENTLY OPERATED SHELTERS

All shelters in North Carolinas are expected to meet or exceed the standards set forth in this plan, but independent organizations with limited shelter training and/or resources might operate their own shelters, especially in large-scale events. Local emergency management may be unaware of these shelters, especially early in an event. Independent shelters that require additional support should make a formal request to their local emergency management office, and further support from the State can be requested by the County via WebEOC when needed.

3. REFUGE OF LAST RESORT

A Refuge of Last Resort is the last option for people who have been unable, through choice or circumstance, to evacuate the risk area before or after a disaster incident. These facilities provide a place for people to seek protection from the elements, but they are not shelters. A Refuge of Last Resort is not intended to be designated as a “shelter” and may not be able to provide basic services. This is an emergent option and should not typically be communicated pre-event. All possible efforts should be made to direct persons seeking shelter to appropriate sheltering options away from the impact area prior to an event.

P. TRANSITION FROM RESPONSE TO RECOVERY

Once the disaster or event has concluded or stabilized, affected jurisdictions will begin assessing damage and determine when it is safe to begin returning evacuees to their homes. After an event that displaces a large number of households, the shelter population will naturally decrease as people return home or find alternate housing arrangements. In most events, the shelter population will hit a plateau where the population stays the same for several days or the decrease slows substantially. The remaining individuals tend to be pre-disaster homeless, pre-disaster precariously housed, and those who need significant assistance with interim housing.

1. MULTI-AGENCY SHELTER TRANSITION TEAM

To assist survivors with the transition out of shelters and into a more permanent recovery plan as soon as possible, counties should have a local transition plan that includes local agencies and organizations that can assist with temporary or transitional housing. Counties may use a Multi-agency Shelter Transition Team or similar structure. MAST Teams work with local jurisdictions and disaster survivors to identify more permanent housing solutions or by providing information on local, state, and federal programs designed to assist disaster survivors throughout the recovery process.

If local transition plans and resources are overwhelmed, counties may also request assistance from the state MASTT via WebEOC request.

2. RED CROSS SHELTER RESIDENT TRANSITION (SRT)

The Red Cross, based on the size and scale of the disaster, may conduct their SRT program, which is intended to complement MASTT programs or serve as a stand-alone resource to shelter residents. The program helps identify barriers and support clients with exploring the resources available

to them in the community. The Red Cross may provide additional financial assistance that allows the client to transition out of the shelter setting based on the resources available and individual needs of the client.

3. FEMA TSA

The State may request FEMA's Transitional Sheltering Assistance (TSA) program for long term shelter residents in declared disaster areas. This program is a bridge between emergency sheltering and temporary housing. The program may use hotels, motels, cruise ships, or berthing vessels as transitional shelters to reduce the number of evacuees in emergency shelters until they can find temporary housing.

Q. CLOSING SHELTERS

The decision to close a shelter should be made with input from the Shelter Manager, local jurisdiction, and applicable government and non-government agencies. A minimum notification period of 48 hours is recommended prior to closing the shelter. The shelter may be closed with less than 48 hours' notice if there are no persons at the shelter or if accommodations for those present have been made in lieu of retaining the shelter.

V. DEVELOPMENT, REVIEW, AND MAINTENANCE

This annex will be reviewed or revised annually and/or following any drill, exercise, or real-world event that indicates changes to the annex are necessary. The Human Services Branch will coordinate with shelter partners to review for any updates or changes to the document before making permanent changes to the annex. The final, approved draft will be distributed to all shelter partners with a role in the annex and any other departmental contacts requiring or requesting annex information.

VI. ATTACHMENTS

A. Attachment A: Shelter Plan Template